

60	DLNM Dual Name Listing	A	1		O	Allowable entries: Y, R R is allowed only when the NPA of the ATN is 503, 541, 206, 360, 509 (the western states OR and WA)
61	BRO Business/ Residence Placement Override	A	1		O	Allowable entries: A, B, R
62	PROF Professional Identifier	A	1		NS	
63	RMKS Remarks	A/N	160		O	

Table 11: Work Order Response (WOR) Data

Work Order Response (WOR) Data						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Return Message	N/A	A/N	256		O	

Table 12: FA Transaction Data

Facility Availability (FA)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
# of Lines	N/A	N	2		M	Can repeat.
Facility Status	N/A	A	10	AVAILABLE, HELD ORDER	M	Can repeat.
Dispatch Status	N/A	A	3	Yes or No	M	Can repeat.

Table 13: FAA Transaction Data

Facility Availability Acknowledgment (FAA)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Ack Code	N/A	A	TBD		M	

Table 14: TNA Transaction Data

Telephone Number Availability (TNA)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Available Telephone Number	N/A	A/N	12	NPA-NXX-XXXX	M	
REF NUM	Resale Services / Service Details / REF NUM	A/N	4		M	

Table 15: TNXQ Transaction Data

Exchange Telephone Number Query (TNXQ)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Available Telephone Number	N/A	A/N	12	NPA-NXX-XXXX	M	From TNA transaction
REF NUM	Resale Services / Service Details / REF NUM	A/N	4		M	

Table 16: TNXR Transaction Data

Exchange Telephone Number Response (TNXR)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Telephone Number (1)	N/A	A/N	12	NPA-NXX-XXXX	M	Original TN from TNXQ transaction
Telephone Number (2)	N/A	A/N	12	NPA-NXX-XXXX	M	
Telephone Number (3)	N/A	A/N	12	NPA-NXX-XXXX	M	
REF NUM	Resale Services / Service Details / REF NUM	A/N	4		M	

Table 17: ARTN Transaction Data

Accept / Return Telephone Number(s) (ARTN)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Telephone Number (1)	N/A	A/N	12	NPA-NXX-XXXX	M	
Accept / Return Flag (1)	N/A	A	1	[A R]	M	A = Accept R = Return
Telephone Number (2)	N/A	A/N	12	NPA-NXX-XXXX	O	
Accept / Return Flag (2)	N/A	A	1	[A R]	O	A = Accept R = Return

Telephone Number (3)	N/A	A/N	12	NPA-NXX-XXXX	O	
Accept / Return Flag (3)	N/A	A	1	[A/R]	O	A = Accept R = Return
REF NUM	Resale Services / Service Details / REF NUM	A/N	4		M	

Table 18: AA Transaction Data

Appointment Availability (AA)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Estimated duration of premises work required	N/A	A/N	6		M	
Calendar for 2 weeks	N/A	A/N	V		M	contains available appointments during the 2 week period
Return Message	N/A	A/N	256		O	

Table 19: ARQ Transaction Data

Appointment Reservation (ARQ)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Requested Completion Date	N/A	A/N	6	MMDDYY	M	
Requested Completion Time	N/A	A/N	5	HHMM[A/P]	C	If premises work, one or two of the conditional fields must be populated, but not all three. If no premises work, this field must be populated.
Requested After Time	N/A	A/N	5	HHMM[A/P]	C	If premises work, one or two of the conditional fields must be populated, but not all three. If no premises work, this field must not be populated.
Requested Before Time	N/A	A/N	5	HHMM[A/P]	C	If premises work, one or two of the conditional fields must be populated, but not all three. If no premises work, this field must not be populated.

Table 20: ARR Transaction Data

Appointment Reservation Response (ARR)						
Attribute - Description	Form / Section / Field Name	Type	Size	Format	M/C/O	Comments
Confirmation Number	End User Information / Location and Access / ACC	N	10		C	Required, if transaction is successful
Completion Date	End User Information / Location and Access / DDD	A/N	6	MMDDYY	M	
Completion Time	End User Information / Location and Access / ACC	A/N	5	HHMM[A P]	M	
After Time	End User Information / Location and Access / ACC	A/N	5	HHMM[A P]	O	
Before Time	End User Information / Location and Access / ACC	A/N	5	HHMM[A P]	O	
Return Message	N/A	A/N	256		O	

4.2.3 Repair

Table 21: Open TR Request Transaction Data

Open TR Request						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Circuit Id - telephone number with area code		N	10		M	
Premises Address - Specifies the address where the TN is assigned		A/N	30		M	
Trouble Type - Specifies the type of trouble being reported, based on a standard list.		A/N (E)	25		M	Table 2222 indicates the numeric trouble type codes supported. The presentation to the user should be descriptive. Refer to ECIC Trouble Type Descriptions for verbiage that may be used in the presentation.

Trouble Descriptor Codes - USW abbreviations used by mechanized TR screening.		A/N (E)	15		M	USW abbreviations must be used until industry agrees on standard abbreviations. Do not include abbreviations that are automatically put on the ticket by the BPL, such as "OS".
Recent SO Number - Indicates U S WEST SO number if work on the circuit has been done recently. M&Ps will define "recent".		A/N	20		O	Should be populated only if work was recently done on this circuit.
Recent SO Date - Date of recent SO.		A/N	10	MM/DD/YY YY	C	Must be populated if Recent SO Number is present.
Trouble Description - Free-form text providing additional information on the trouble.		A/N	50		O	
Emergency - Indicates human safety or health threat M&Ps will better define emergency.		A/N	1	Y or N	O	May only be populated if the TR represents an emergency. Defaults to N.
TSP Priority - Refer to Bellcore - SR STS-000302 for more information on the meaning of this attribute.		A/N (E)	2	[E,0-5][0-5]	O	If not populated, don't send. Presentation may be descriptive instead of using the actual codes, in which case the size will increase.
Perceived Severity - Indicates the impact to service.		A/N (E)	3		M	Valid values are OOS (out of service), AFS (affects service), and SNA (service not affected).
Called Number - Identifies telephone number that was called when trouble was encountered, if applicable.		N	10		O	
Requested Commit Date - Indicates date by which the customer is requesting the TR be resolved.		A/N	10	MM/DD/YY YY	O	
Line In Use - Indicates whether or not the line represented by Circuit Id is currently in use.		A/N (E)	1	Y or N	M	If Y, initial MLT will not be run.

Customer TR Id - Indicates TR number assigned by customer to submitted TR..		A/N	64		O	
Customer Contact - Indicates name of person or group at CLEC who will be contacted if manual intervention or additional information is needed.		A/N	19		M	
Customer Contact Phone - Indicates the phone number used to reach Customer Contact Person		A/N	10		M	

Table 22: Supported Trouble Types and Mapping to LMOS

Trouble Type Code	LMOS Type Code	Trouble Type Code	LMOS Type Code	Trouble Type Code	LMOS Type Code
100	MISC	625	NDT	1211	DATA
101	NDT	626	TRAN	1212	DATA
102	NDT	627	TRAN	1213	DATA
103	NDT	628	MISC	1214	DATA
200	MISC	629	MISC	1215	DATA
201	CCO	630	TRAN	1216	DATA
203	CCO	631	TRAN	1217	DATA
204	CCO	632	MISC	1218	DATA
205	CBC	634	MISC	1219	DATA
206	CCO	635	MISC	1220	DATA
207	CCO	700	MISC	1221	DATA
208	CCO	701	TRAN	1222	DATA
209	CCO	800	MISC	1223	DATA
210	CCO	801	TRAN	1224	DATA
211	MEM	802	TRAN	1225	DATA
300	MISC	803	TRAN	1226	DATA
301	CBC	804	TRAN	1227	DATA
302	CBC	805	TRAN	1228	DATA
303	CBC	806	TRAN	1229	DATA
304	CBC	807	TRAN	1230	DATA

305	CBC	808	TRAN	1231	DATA
306	CBC	809	TRAN	1300	MISC
307	CBC	810	TRAN	1301	PHYS
308	CCO	811	TRAN	1302	PHYS
309	CCO	900	MISC	1303	PHYS
310	CCO	901	TRAN	1304	PHYS
311	CBC	902	TRAN	1305	PHYS
312	MISC	903	TRAN	1400	MISC
313	CBC	904	TRAN	1401	PHYS
314	CBC	905	TRAN	1402	PHYS
315	CBC	906	TRAN	1403	PHYS
316	CBC	907	TRAN	1404	PHYS
317	CBC	908	TRAN	1405	PHYS
318	CBC	909	TRAN	1406	PHYS
319	CBC	910	MISC	1407	PHYS
320	CBC	1000	MISC	1408	PHYS
321	CBC	1001	TRAN	1409	PHYS
322	MISC	1002	TRAN	1410	PHYS
400	MISC	1003	TRAN	1411	PHYS
401	TRAN	1004	TRAN	1412	PHYS
402	TRAN	1005	TRAN	1413	PHYS
403	TRAN	1006	TRAN	1414	PHYS
404	TRAN	1007	TRAN	1415	PHYS
500	MISC	1008	TRAN	1416	PHYS
501	CCO	1009	TRAN	1417	PHYS
600	MISC	1010	CBC	1418	PHYS
601	MISC	1011	MISC	1500	MISC
602	MISC	1012	CCO	1501	MEM
603	MISC	1013	MISC	1502	MEM
604	CBC	1014	MISC	1503	MEM
605	CBC	1015	MISC	1504	MISC
606	MISC	1016	MISC	1505	MEM
607	MISC	1017	MISC	1506	MISC
608	MISC	1018	MISC	1507	MISC
609	MISC	1019	MISC	1508	MISC

610	CBC	1020	MISC	1509	MISC
611	CBC	1021	MISC	1510	MISC
612	TRAN	1022	MISC	1511	MISC
613	TRAN	1100	MISC	1512	MISC
614	TRAN	1200	MISC	1513	MISC
615	TRAN	1201	DATA	1514	MISC
616	PHYS	1202	DATA	1515	MISC
617	TRAN	1203	DATA	1516	MISC
618	TRAN	1204	DATA	1517	MISC
619	MISC	1205	DATA	1518	TRAN
620	TRAN	1206	DATA	1519	MISC
621	TRAN	1207	DATA	1520	MISC
622	NDT	1208	DATA	1521	MISC
623	NDT	1209	DATA		
624	TRAN	1210	DATA		

Table 23: Open TR Response Transaction Data

Open TR Response						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Trouble Report Id - Indicates TR number assigned by U S WEST to submitted TR..		A/N (F)	8		M	
Circuit Id - telephone number with area code		N	10		M	
Repair Commitment Date - Specifies date by which service will be restored, and premises access date, if needed.		A/N (F)	12	MM/DD/YY YY	M	
Repair Commitment Time - Specifies time by which service will be restored, if no premises access needed.		A/N (F)	6	HH:MM[A] P]	C	Only populated if premises access is not needed. GMT is assumed.
Received Time - Indicate date and time that the TR was opened in the OSS.		A/N (F)	10	MM/DD/YY YY	M	

TR State - Indicates current state of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid states.
TR Status - Indicates current status of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid statuses.
TR Status Time - Indicates time of last status change for this TR.		A/N (F)	20	MM/DD/YY YY, HH:MM:SS	M	GMT is assumed.
TR Status Comments - Contains additional information, if any, on the trouble status.		A/N (E)	80		M	
U S WEST Contact Name - Identifies person or group within U S WEST that can be contacted by CLEC if manual interventions is needed.		A/N	64		M	
U S WEST Contact Phone - Indicates telephone number of U S WEST Contact		A/N	64		M	

Table 24: States and Statuses to LMOS Functions Mapping

State		Status		LMOS
Name	Code	Name	Code	Function Code
queued	0	screening	1	PS, PSM
openActive	1	bulkDispatchedOut	6	BDO
	1	cableFailure	21	CAF
	1	dispatchedIn	3	DPI
	1	dispatchedOut	4	DPO
	1	preassignedOut	5	PAO
	1	pendingDispatch	9	PD2, PD3, PD4, PD5, PDB, PDC, PDF, PDG, PDI, PDM, PDO, PDS
	1	pendingTest	8	PDT
	1	referMtceCenter	11	RBC, RCC, ROP, RRC, RSC, RSS
	1	testing	2	TSM, TST
deferred	2	backOrder	23	BKO
	2	startDelayedMtce	16	HLD

	2	noAccessOther	13	NAO
	2	startNoAccess	14	NAS
closed	4	closedOut	27	CLO

Table 25: Test Results Notification Transaction Data

Test Results Notification						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Trouble Report Id - Indicates TR number assigned by U S WEST to submitted TR..		A/N (F)	8		M	
TR State - Indicates current state of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid states.
TR Status - Indicates current status of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid statuses.
TR Status Time - Indicates time of last status change for this TR.		A/N (F)	20	MM/DD/YY YY, HH:MM:SS	M	GMT is assumed.
Initial Test Results - Contains additional information, if any, on the trouble status.		A/N (E)	80		M	MLT VER code and English translation of it.

Table 26: Status Change Notification Transaction Data

Status Change Notification						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Trouble Report Id - Indicates TR number assigned by U S WEST to submitted TR..		A/N (F)	8		M	
TR State - Indicates current state of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid states.
TR Status - Indicates current status of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid statuses.
TR Status Time - Indicates time of last status change for this TR.		A/N (F)	20	MM/DD/YY YY, HH:MM:SS	M	GMT is assumed.

TR Status Comments - Contains additional information, if any, on the trouble status.		A/N (E)	80		O	
---	--	---------	----	--	---	--

Table 27: Cancel TR Instruction Transaction Data

Cancel TR						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Trouble Report Id - Indicates TR number assigned by U S WEST to submitted TR..		A/N (F)	8		M	
Trouble Clearance Person - Indicates name of person at CLEC who authorized cancellation.		A/N	19		M	
Trouble Clearance Phone - Indicates the phone number used to reach Trouble Clearance Person		A/N	10		M	
TR Cancellation Comments - Allows further description of cancellation.		A/N	80		O	

Table 28: Completion Notification Transaction Data

Completion Notification						
Attribute - Description	Field - Description	Type	Size	Format	M/C/O	Comments
Trouble Report Id - Indicates TR number assigned by U S WEST to submitted TR..		A/N (F)	8		M	
TR State - Indicates current state of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid states.
TR Status - Indicates current status of TR (integer value).		A/N (E)	10		M	Table 2424 indicates the valid statuses.

TR Status Time - Indicates time of last status change for this TR.		A/N (F)	20	MM/DD/YY YY, HH:MM:SS	M	GMT is assumed.
--	--	---------	----	-----------------------------	---	-----------------

5. Sample CLEC Application Form

A separate application form will be required for each state or area.

GENERAL INFORMATION

Today's Date: _____

Completed By: _____

Customer Name

Telephone #

Customer Signature

U S WEST Representative

Telephone #

Provide your legal corporate name and address.

Corporate Name:

Street Address:

Floor:

Room:

City:

State:

Zip Code:

Email Address:

Fax Number:

GENERAL INFORMATION

Are you certified?___ Yes No

Indicate the state that the data in this questionnaire will represent:

Central: ___ AZ ___ CO ___ ID ___ MT ___ NM ___ UT ___ WY

Eastern: ___ IA ___ MN ___ NE ___ ND ___ SD

Western: ___ ID ___ OR ___ WA

If you are not certified for an entire state, specify the area(s) by name: _____

Enter your Client Identification Numbers:

CIC ___ ___ ___ ACNA: ___ ___ ___ ABEC ___ ___ ___ OCN ___ ___ ___
RSID/ZCID ___ ___ ___

Carrier Identification

Access Customer Name

Alternate Billing Entity

Operating Company

Reseller/CLEC I.D. Number

Code

Abbreviation

Code

Number

Is your wholesale discount based on:

___ Contract (Comprehensive Agreement) Arrangement

___ Tariff Arrangement (if applicable)

Network Access and Security - Section 1

Private Line Access

Carrier responsible for the order _____

Circuit Number of ordered T-1 facility _____

Due date of the order _____

Name and location address of CLEC location

Name of CLEC Network point of contact _____

Phone Number of Contact _____

Thornton Address:U S WEST Communications
12121 Grant St.
Thornton Colorado, 80241
Attn: Thornton DCS - CLEC Access

Local contact is Thornton DCS at 303-451-2001

Dial Access

Local CLEC Point of Contact _____

Telephone Number of Contact _____

FAX number of Contact _____

Total number of dial connections _____

Number of concurrent users _____

Hours of Operation _____

Modem Information (Must be V.34)

Manufacturer _____

Model of modem _____

Software version and release number _____

Rated Speed _____

SecurID Card Administration

Names and phone numbers of SecurID Administrators:

_____	_____
_____	_____
_____	_____
_____	_____

Security Authority Information

Names and phone numbers of Intrusion Contacts:

_____	_____
_____	_____
_____	_____
_____	_____

Names, login ids, phone numbers, fax numbers, street address, city and state of administrators for user/group administration:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Router Information

Name of Router Manufacturer _____

Model of Router _____

Router Software Release level _____

Does Router Software conform with RFC 1134
(Support for PPP protocol) _____**T-1 DSU Information**

Name of T-1 DSU Manufacturer _____

Model designation of DSU _____

**U S WEST CORPORATE NETWORK
ACCESS CARD APPLICATION - Section 2**RG 05-0119
(11/96)CHECK ONE: ☐ NEW☐ RENEWAL☐ CANCELLATIONCHECK ONE: ☐ STANDARD SecurID CARD☐ KEY-FOB SecurID TOKEN

REQUESTED DUE DATE

US WEST EMPLOYEE? ☐ YES☐ NO(If NO, must have a US WEST sponsor fill out this form with both
their information and the NON-US WEST employee information)**US WEST EMPLOYEE INFORMATION**

SOCIAL SECURITY NUMBER

BUSINESS TELEPHONE NUMBER

NAME: LAST

FIRST

MI

WORK ADDRESS (WHERE CARD IS TO BE MAILED)

RM # / SUITE / FL

CITY

STATE

ZIP CODE

NON-US WEST EMPLOYEE INFORMATION

(US WEST EMPLOYEE INFORMATION REQUIRED ALSO. SEE INSTRUCTIONS)

SOCIAL SECURITY NUMBER

COMPANY NAME

NAME: LAST

FIRST

MI

COMPANY WORK ADDRESS

COMPANY TELEPHONE NUMBER

USERID ESTABLISHED ?

☐ YES☐ NO☐ DON'T KNOW

SECURITY CODE WORD (CARD USER)

DESTINATIONS / IP ADDRESSES / DNS NAMES THAT YOU NEED ACCESS TO & ACCESS METHOD

1. via DATAKIT

2. via "xana" via Datakit

3. via "uswnet" (telnet) via Datakit

4. via "uswn" (PPP)(ARA) via Datakit

5. USWNet Direct Dialin p=PPP t=telnet

US WEST EMPLOYEE SIGNATURE

DATE

DIRECTOR APPROVAL (REQUIRED)

DIRECTOR NAME (PRINT)

DIRECTOR SIGNATURE

TITLE

TELEPHONE NUMBER

DATE

INSTRUCTIONS TO FILL OUT FORM RG05-0119 - Section 2**NOTES**

- New cards and Renewals will be issued upon receipt of completed RG05-0119 form and should be received by applicant within 2 weeks of submitting form to NAC Distribution.
- Do not submit form more than 60 days before Requested Due Date or current card expiration.
- Card access for US West employees is granted for a maximum of 36 months per application
- Card access for Non-US West employees is granted for a maximum of 12 months per application.

NEW RENEWAL
CANCELLATION

CHECK if the card is for new, renewal, or cancellation
(Employee Renewals will receive a new card)

TOKEN TYPE

CHECK one only - Standard Card (credit card size) KeyFob SecurID Plastic Token
(KeyFob Token is 1/2 the face size, 4 times thicker, & lighter in weight than the card)
(see Web Site "What's New" at <http://securid.uswc.uswest.com/securid.html>)

REQUESTED DUE DATE

ENTER date user would like to start using card

U S WEST EMPLOYEE

CHECK if you are a U S WEST employee:
- If no, a US West sponsor/contact must fill out the application with both their information and the Non-US West employee information

US WEST EMPLOYEE INFORMATION

IF THIS REQUEST IS FOR A NON-US WEST EMPLOYEE, ENTER THE FOLLOWING INFORMATION AS IT PERTAINS TO U S WEST SPONSOR - IF EMPLOYEE, ENTER THE FOLLOWING INFORMATION AS IT PERTAINS TO YOURSELF

SOCIAL SECURITY NUMBER

ENTER Social Security Number

NO CARD WILL BE ISSUED WITHOUT A SOCIAL SECURITY NUMBER

BUSINESS TELEPHONE,
NAME, WORK ADDRESS,
RM #, CITY, STATE, ZIP CODE

ENTER work telephone number, name, work address (where card is to be sent),
room/floor #, city, state and zip code

NON-US WEST EMPLOYEE INFORMATION

NON-US WEST EMPLOYEE
INFORMATION

If this request is for a non-US West employee, enter their Social Security Number, Company Name, Name, Company address, Phone #, and whether they have already been assigned a Userid for access to US West systems/applications
(US West sponsor information is also required in the US West Employee field)

SECURITY CODE WORD

ENTER security code word of card user,
for security purposes

DESTINATIONS /
IP ADDRESSES / DNS NAMES

LIST Destination strings, USWnet IP Addresses or USWnet DNS Names that you need to access. Mark each entry with an access method 1 thru 5.

US West Regulated employees do not need to enter anything.

**NOTE: Users must contact application SYAD for procedures on using application.
Each application / system issues their own Userid / Login / Password.**

EMPLOYEE SIGNATURE

Signature of employee (or employee responsible for Non-US West employee card) and Date

DIRECTOR APPROVAL

Director level (District level, 3rd level, Area Manager) signature is required for US WEST Network Access Card (for both New cards and Renewals)

CONDITIONS FOR USE OF U S WEST NETWORK ACCESS CARD

- Use the card for company business only
- No one other than the designated owner should be permitted use of the card
- Use the card in a secure manner

BILLING AND COLLECTIONS SECTION - 3

CREDIT INFORMATION

1. Indicate your business type:

- ☐ Corporation
☐ Franchise
☐ Partnership

2. Enter the month and year your business was established. _____

3. Provide the names, titles, and residential phone numbers of owners or corporate officers:

<u>Names</u>	<u>Titles</u>	<u>Residential Telephone Number</u>
--------------	---------------	-------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Provide any current and/or previous business service telephone number(s) of a similar business type:

<u>Telephone number</u>	<u>Status(Current or previous)</u>
-------------------------	------------------------------------

_____	_____
_____	_____
_____	_____

BILLING AND COLLECTIONS SECTION - 3

5. Provide the estimated monthly Service volumes by state and service types:

STATE	RESALE	UNBUNDLED ELEMENTS	INTERCONNECT ION	INTRALATA TOLL USAGE	INTERLATA TOLL USAGE
CENTRAL REGION					
Arizona					
Colorado					
Southern Idaho					
Montana					
New Mexico					
Utah					
Wyoming					
EASTERN REGION					
Iowa					
Minnesota					
Nebraska					
North Dakota					
South Dakota					
WESTERN REGION					
Northern					

Idaho					
Oregon					
Washington					

NOTE: Enter estimated quantities for Resale, Unbundled Elements, and Interconnection. Enter estimated dollar amounts for IntraLATA and InterLATA Toll Usage

BILLING AND COLLECTIONS SECTION - 3

BILLING INFORMATION

1. Financial Contact:

Name: _____ Telephone Number _____

Address: _____

Hours Available: _____

2. Please provide your Tax Identification Number _____

Do you have any unique taxing considerations? _____ Yes _____ No

*If Yes, explain and provide requirements: _____

3. Would you like to utilize (EDI/EFT) Electronic Funds Transfer Service? _____ Yes _____ No

BILLING AND COLLECTIONS SECTION - 3

SUMMARY BILLING

Provide the following data necessary to support the accurate implementation and mailing of your paper Summary Bill(s). If only one type of service will be resold, fill in the appropriate account type.

Business Accounts and/or Government Accounts

Mailing Company Name: _____

Street Address:

Floor:

Room:

City:

State:

Zip Code:

Attention: _____

When would you like to receive your bill: _____

Enter the GRP number (Central) or BTN number (Western) that was assigned to this Summary Bill Account. _____

Indicate your tax exemption status for this account, if appropriate.

_____ Federal Excise

_____ State

_____ County

_____ City

Contact regarding payment of this Summary Bill

Name: _____ Telephone Number _____

Name: _____ Telephone Number _____

Hours Available: _____

BILLING AND COLLECTIONS SECTION - 3

Residence Accounts

Mailing Company Name: _____

Street Address:

_____Floor:Room:
_____City:State:Zip Code:

Attention: _____

When would you like to receive your bill: _____

Enter the GRP number (Central) or BTN number (Western) that was assigned to this Summary Bill Account. _____

Indicate your tax exemption status for this account, if appropriate.

_____ Federal Excise

_____ State

_____ County

_____ City

Contact regarding payment of this Summary Bill

Name: _____ Telephone Number _____